

MAR 16 1928

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

4080

1. PLACE OF DEATH

County BuchananRegistration District No. 85

Township

Primary Registration District No. 1001City St. Joseph,(No. 1618 South 9th.)File No. _____
Registered No. 176
St. _____ Ward _____2. FULL NAME Nadine Marie Hamblen(a) Residence. No. 1618 South 9th. St. _____ Ward _____
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 6 mos. 16 ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|-------------------------|----------------------------------|--|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single,</u> |
|-------------------------|----------------------------------|--|

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 14, 1927.

| | | | | |
|--------|-------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | | <u>6</u> | <u>16</u> | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Joseph,
(STATE OR COUNTRY) Missouri,

| | |
|---------|--|
| PARENTS | 10. NAME OF FATHER <u>Samuel Hamblen,</u> |
| | 11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Harrison Co.</u> (STATE OR COUNTRY) <u>Missouri,</u> |
| | 12. MAIDEN NAME OF MOTHER <u>Jessie Weese,</u> |

| | |
|---------|--|
| PARENTS | 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>DeKalb Co.</u> (STATE OR COUNTRY) <u>Missouri,</u> |
|---------|--|

14. INFORMANT Samuel Hamblen
(Address) 1618 South 9th Street.15. FILED 2/12, 1928 John Y. Utz
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10, 192817. I HEREBY CERTIFY That I attended deceased from February 5, 1928, to February 10, 1928 that I last saw her alive on Feb. 10, 1928, and that death occurred, on the date stated above, at 11:25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, acute non-epidemic
Mastoiditis, acute purulent
right
(duration) _____ yrs. _____ mos. 5 ds.CONTRIBUTORY Otitis media, acute purulent
(SECONDARY) right
(duration) _____ yrs. _____ mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH HomeDID AN OPERATION PRECEDE DEATH? No. DATE OF _____WAS THERE AN AUTOPSY? YesWHAT TEST CONFIRMED DIAGNOSIS? Lumbar puncture(Signed) M. Roger Moore, M. D.2/12, 1928 (Address) St. Joseph, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURES OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Int. Auburn, DATE OF BURIAL Feb. 13, 192820. UNDERTAKER Heaton, Besse & Baum ADDRESS 319 S. 10 St.
Funeral Home

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

